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Bib Data Sheet

CONFIRMATION NO. 8674

SERIAL NUMBER 09/303,673	FILING DATE 05/03/1999 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO.		
APPLICANTS J.T. LIN, ORLANDO, FL;						
** CONTINUING DATA *****						
** FOREIGN APPLICATIONS *****						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/20/1999						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
ADDRESS J. T. Lin Surgilight, Inc. 12001 Science Drive Suite 140 Orlando ,FL 32826						
TITLE REFRACTIVE SURGERY AND PRESBYOPIA COREECTION USING INFRARED AND ULTRAVIOLET LASERS						
FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			

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SERIAL NUMBER 09/303,673	FILING DATE 05/03/99	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO.
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APPLICANT

J.T. LIN, WINTER SPRINGS, FL.

CONTINUING DOMESTIC DATA***
VERIFIED

None A

371 (NAT'L STAGE) DATA***
VERIFIED

None A

FOREIGN APPLICATIONS***
VERIFIED

None A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/20/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>					

ADDRESS

J T LIN
7055 UNIVERSITY BLVD
WINTER PARK FL 32792

TITLE

REFRACTIVE SURGERY AND PRESBYOPIA CORECTION USING INFRARED AND
ULTRAVIOLET LASERS

FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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